

<i>SERFF Tracking Number:</i>	<i>WESA-125390042</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#26221 \$50</i>
<i>Company Tracking Number:</i>	<i>PROF-TK-PPP-07-50</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability &amp; Non-</i>	<i>Sub-TOI:</i>	<i>05.0007 Other CMP</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Technology Professional Package Product</i>		
<i>Project Name/Number:</i>	<i>Submission of new form L599 (10/07)/PROF-TK-PPP-07-50</i>		

## Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Technology Professional      SERFF Tr Num: WESA-125390042 State: Arkansas

Package Product

TOI: 05.0 Commercial Multi-Peril - Liability &      SERFF Status: Closed      State Tr Num: #26221 \$50

Non-Liability

Sub-TOI: 05.0007 Other CMP      Co Tr Num: PROF-TK-PPP-07-50      State Status: Fees verified and received

Filing Type: Form      Co Status:      Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Westmont Associates,      Disposition Date: 12/21/2007

Wesley Pohler

Date Submitted: 12/17/2007      Disposition Status: Approved

Effective Date Requested (New):      Effective Date (New): 12/21/2007

Effective Date Requested (Renewal):      Effective Date (Renewal): 12/21/2007

State Filing Description:

## General Information

Project Name: Submission of new form L599 (10/07)

Project Number: PROF-TK-PPP-07-50

Status of Filing in Domicile: Pending

Domicile Status Comments: Recently submitted in PA

Reference Organization: None

Reference Title: None

Reference Number: None

Advisory Org. Circular: None

Filing Status Changed: 12/21/2007

State Status Changed: 12/21/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Company is filing form L 599 (10/07), Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos, and Lead With a Hostile Fire Exception, for your review and approval. The form is being submitted so that this product is in

SERFF Tracking Number: WESA-125390042 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #26221 \$50

Company Tracking Number: PROF-TK-PPP-07-50

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP  
Liability

Product Name: Technology Professional Package Product

Project Name/Number: Submission of new form L599 (10/07)/PROF-TK-PPP-07-50

line with the Company's other approved package products. Please find attached the endorsement for your review.  
Please be advised that there are no rate changes or changes to the underwriting guides associated with this filing.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Sherri Nierzwicki, Analyst sherri@westmontlaw.com  
25 Chestnut Street (856) 216-0220 [Phone]  
Haddonfield, NJ 08033 (856) 216-0303[FAX]

### Filing Company Information

United States Liability Insurance Company	CoCode: 25895	State of Domicile: Pennsylvania
25 Chestnut Street	Group Code: 31	Company Type: Property and Casualty
Suite 105		
Haddonfield, NJ 08033	Group Name:	State ID Number:
(856) 216-0220 ext. [Phone]	FEIN Number: 23-1383313	
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## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: AR filing fee for forms submission.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	12/17/2007	

  

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
26271	\$50.00	12/17/2007

SERFF Tracking Number:	WESA-125390042	State:	Arkansas
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TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0007 Other CMP
Product Name:	Technology Professional Package Product		
Project Name/Number:	Submission of new form L599 (10/07)/PROF-TK-PPP-07-50		

## Correspondence Summary

## Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/21/2007	12/21/2007

SERFF Tracking Number:	WESA-125390042	State:	Arkansas
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TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0007 Other CMP
Product Name:	Technology Professional Package Product		
Project Name/Number:	Submission of new form L599 (10/07)/PROF-TK-PPP-07-50		

## Disposition

Disposition Date: 12/21/2007  
Effective Date (New): 12/21/2007  
Effective Date (Renewal): 12/21/2007  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125390042 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #26221 \$50

Company Tracking Number: PROF-TK-PPP-07-50

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP Liability

Product Name: Technology Professional Package Product

Project Name/Number: Submission of new form L599 (10/07)/PROF-TK-PPP-07-50

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos, and Lead with a Hostile Fire Exception	Approved	Yes

SERFF Tracking Number: WESA-125390042 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #26221 \$50

Company Tracking Number: PROF-TK-PPP-07-50

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP  
Liability

Product Name: Technology Professional Package Product

Project Name/Number: Submission of new form L599 (10/07)/PROF-TK-PPP-07-50

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos, and Lead with a Hostile Fire Exception	L-599 (10-07)	(10-07)	Endorsement/Amendment/Conditions	New	0.00	L 599 (10-07) Absolute Excl Poll, Org, Silica, Asb, Lead.pdf

**UNITED STATES LIABILITY INSURANCE GROUP  
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**ABSOLUTE EXCLUSION FOR  
POLLUTION, ORGANIC PATHOGEN, SILICA, ASBESTOS AND LEAD  
WITH A HOSTILE FIRE EXCEPTION**

- A. **Section I – Coverages, Coverage A. Bodily Injury and Property Damage Liability, Paragraph 2. Exclusions, f. Pollution** is deleted in its entirety and replaced with the following:

**f. Pollution, Organic Pathogen, Silica, Asbestos and Lead**

1. "Bodily injury" or "property damage"; or
2. Diminishing or lessening in value of property or for damages from the taking, use or acquisition or interference with the rights of others in property or air space; or
3. Loss, cost or expense, including but not limited to payment for investigation or defense, fines and penalties, arising out of any governmental or any private party action, that an insured or any other party test for, monitor, clean up, remove, contain, mitigate, treat, detoxify or neutralize or in any way respond to or assess the actual or alleged effects of "pollutants", "organic pathogens", "silica", asbestos, or lead;

arising directly, indirectly, in concurrence with or in any sequence out of the actual, alleged or threatened presence of or exposure to, ingestion, inhalation, absorption, contact with discharge, dispersal, seepage, release or escape of "pollutants", "organic pathogens", "silica", asbestos, or lead, whether or not any of the foregoing are (1) sudden, accidental or gradual in nature; (2) intentional; or (3) expected or intended from the standpoint of the insured.

This exclusion applies even if the "pollutant", "organic pathogen", "silica", asbestos, or lead has a function in, or is used by you in your business, operations, premises, site or location.

This exclusion does not apply to "bodily injury" or "property damage" arising out of heat, smoke or fumes from a "hostile fire" unless that "hostile fire" occurred or originated:

1. At any premises, site or location which is or was at any time used by or for any insured or others for the handling, storage, disposal, processing or treatment of waste; or
2. At any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations to test for, monitor, clean up, remove, contain, treat, detoxify, neutralize or in any way respond to, or assess the effects of, "pollutants".

This exclusion does not apply to "bodily injury" or "property damage" arising from the consumption of food products intended for human consumption.

"Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including but not limited to smoke, vapor, soot, fumes, acids, alkalis, chemicals, toxic materials, "volatile organic compound" and gases therefrom, radon, combustion byproducts and "waste."

"Silica" means silica in any form and any of its derivatives, including but not limited to silica dust, silicon dioxide, crystalline silica, quartz, or non-crystalline (amorphous) silica.

"Volatile organic compound" means any compound which discharges organic gases as it decomposes or evaporates, examples of which include but are not limited to formaldehyde, pesticides, adhesives, construction materials made with organic chemicals, solvents, paint varnish and cleaning products.

"Waste" means any property intended to be disposed, recycled, reused or reclaimed by the owner or user thereof.

"Organic pathogen" means any organic irritant or contaminant, including but not limited to mold, fungus, bacteria or virus, including but not limited to their byproduct such as mycotoxin, mildew, or biogenic aerosol.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.



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<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability &amp; Non-</i>	<i>Sub-TOI:</i>	<i>05.0007 Other CMP</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Technology Professional Package Product</i>		
<i>Project Name/Number:</i>	<i>Submission of new form L599 (10/07)/PROF-TK-PPP-07-50</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125390042 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: #26221 \$50  
Company Tracking Number: PROF-TK-PPP-07-50  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP  
Liability  
Product Name: Technology Professional Package Product  
Project Name/Number: Submission of new form L599 (10/07)/PROF-TK-PPP-07-50

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty  
**Review Status:** Approved 12/21/2007  
**Comments:**  
**Attachment:**  
AR NAIC.pdf

**Satisfied -Name:** Letter of Authorization  
**Review Status:** Approved 12/21/2007  
**Comments:**  
Attached is the Letter of Authorization  
**Attachment:**  
Westmont Authorization Letter.pdf

**Satisfied -Name:** Cover Letter  
**Review Status:** Approved 12/21/2007  
**Comments:**  
**Attachment:**  
AR.pdf

## Property &amp; Casualty Transmittal Document (Revised 1/1/06)

AR

**1. Reserved for Insurance Dept. Use Only**

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**2. Insurance Department Use Only**

a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>	
	Berkshire Hathaway	0031	
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>
	United States Liability Insurance Company	PA	25895

<b>5.</b>	<b>Company Tracking Number</b>	PROF-TK-PPP-07-50
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**Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Sherri Penn Westmont Associates, Inc.	Senior Analyst	(321) 613-2086	(856) 216-0303	sherri@westmontlaw.com
	25 Chestnut Street, Suite 105 Haddonfield, NJ 08033				
<b>7.</b>	<b>Signature of authorized filer</b>		<b><i>Sherri Penn</i></b>		
<b>8.</b>	<b>Please print name of authorized filer</b>		Sherri Penn		

**Filing information (see General Instructions for descriptions of these fields)**

<b>9.</b>	<b>Type of Insurance (TOI),</b>	Please select from the drop down list. 5.0 - Commercial Multi-Peril	
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	n/a	
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	n/a	
<b>12.</b>	<b>Company Program Title (marketing title)</b>	Technology Professional Package Product	
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____	
<b>14.</b>	<b>Effective Date(s) Requested</b>	New <input type="checkbox"/> Upon Earliest Approval	Renewal: <input type="checkbox"/> Upon Earliest Approval
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>16.</b>	<b>Reference Organization (if applicable)</b>	n/a	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	n/a	
<b>18.</b>	<b>Company's Date of Filing</b>	12/17/07	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

## Property &amp; Casualty Transmittal Document ---

20.	This filing transmittal is part of Company Tracking #	PROF-TK-PPP-07-50
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submission of new form for Company's Technology Professional Package Product

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [if a state requires you to show how you calculated your filing fees, place that calculation below]			
	<table border="1"> <tr> <td><b>Check #:</b></td> <td>n/a</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$50.00</td> </tr> </table>	<b>Check #:</b>	n/a	<b>Amount:</b>
<b>Check #:</b>	n/a			
<b>Amount:</b>	\$50.00			

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PROF-TK-PPP-07-50			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	n/a			

  

<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception	L599 (10/07)	<input checked="checked" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



# UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391  
610.688.2535 888.523.5545 Fax 610.688.4391

May 30, 2007

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313  
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334  
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller  
State Filings Manager  
United States Liability Insurance Group  
190 South Warner Road  
Wayne, PA 19087-2191

1.888.523.5545 X586  
Fax: 610.688.4391  
mmiller@usli.com



December 18, 2007

The Honorable Julie Benafield-Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

**RE: United States Liability Insurance Company /NAIC#25895**  
Technology Professional Package Product  
New Endorsement Submission  
Company Filing #: PROF-TK-PPP-07-50  
Effective Date: Upon Earliest Possible Approval

Dear Commissioner Benafield-Bowman:

Enclosed you will find a new form submission for the Company's Technology Professional Package product. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company is filing form L 599 (10/07), Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos, and Lead With a Hostile Fire Exception, for your review and approval. The form is being submitted so that this product is in line with the Company's other approved package products. Please find attached the endorsement for your review. Please be advised that there are no rate changes or changes to the underwriting guides associated with this filing.

Your approval and/or acknowledgement of this submission is respectfully requested, with this filing being implemented within 30 days from receipt of your approval.

Respectfully submitted,

***Sherri Penn***

Sherri Penn  
Senior Analyst  
[sherri@westmontlaw.com](mailto:sherri@westmontlaw.com)

Enc.

cc: M. Miller